

Cole (OK)	Istook	Peterson (MN)
Conaway	Jenkins	Platts
DeFazio	Jindal	Poe
Dent	Kennedy (MN)	Price (GA)
Drake	King (IA)	Putnam
Duncan	Kingston	Rehberg
Fitzpatrick (PA)	Kline	Renzi
Flake	Knollenberg	Rogers (AL)
Forbes	Kuhl (NY)	Royce
Fox	LaTourette	Ryan (WI)
Franks (AZ)	Lewis (KY)	Sekula Gibbs
Garrett (NJ)	Lofgren, Zoe	Sessions
Gingrey	Lucas	Shadegg
Gohmert	Manzullo	Sherwood
Goode	Marchant	Sodrel
Goodlatte	McCaul (TX)	Souder
Graves	McCotter	Sullivan
Gutknecht	McHenry	Thornberry
Hall	McMorris	Tiahrt
Hart	Rodgers	Tiberi
Hayes	Miller (FL)	Turner
Hayworth	Moran (KS)	Westmoreland
Hensarling	Musgrave	Wexler
Hoekstra	Myrick	Wilson (NM)
Hoeft	Neugebauer	Wilson (SC)
Inglis (SC)	Pearce	
Issa	Pence	

## NOT VOTING—132

Baker	Gillmor	Owens
Bass	Gordon	Oxley
Beauprez	Grijalva	Pascarell
Berry	Gutierrez	Pastor
Bilirakis	Harman	Paul
Blumenauer	Hastings (FL)	Peterson (PA)
Bonilla	Hefley	Petri
Boucher	Herger	Pickering
Brown (OH)	Higgins	Pitts
Brown, Corrine	Hinojosa	Pryce (OH)
Burton (IN)	Holden	Radanovich
Cardoza	Hooley	Reynolds
Case	Hyde	Ros-Lehtinen
Clay	Jefferson	Ryan (OH)
Coble	Johnson (IL)	Ryun (KS)
Conyers	Johnson, Sam	Sanchez, Loretta
Costa	Jones (NC)	Sanders
Costello	Kaptur	Saxton
Cramer	Kilpatrick (MI)	Schwarz (MI)
Cubin	Kolbe	Sensenbrenner
Culberson	Lantos	Shaw
Davis (AL)	Larson (CT)	Shuster
Davis (IL)	Leach	Simpson
Davis (KY)	Lewis (CA)	Slaughter
Davis, Jo Ann	Linder	Smith (TX)
Davis, Tom	Markey	Solis
Deal (GA)	Marshall	Stark
DeGette	Matsui	Stearns
Delahunt	McCrery	Strickland
Diaz-Balart, L.	McKinney	Sweeney
Dicks	Meehan	Tancredo
Dingell	Mica	Taylor (NC)
Doyle	Millender-	Thompson (CA)
Emerson	McDonald	Velázquez
English (PA)	Miller, Gary	Wamp
Evans	Miller, George	Waters
Farr	Mollohan	Watson
Fattah	Moran (VA)	Waxman
Feeney	Murtha	Weldon (PA)
Filner	Neal (MA)	Whitfield
Ford	Norwood	Wicker
Frelinghuysen	Nunes	Young (AK)
Gallegly	Nussle	Young (FL)
Gerlach	Ortiz	
Gibbons	Otter	

□ 0306

Mr. FRANK of Massachusetts and Mr. EVERETT changed their vote from "nay" to "yea."

So (two-thirds of those voting having responded in the affirmative) the rules were suspended and the Senate bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

#### PREMATURITY RESEARCH EXPANSION AND EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY ACT

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the Com-

mittee on Energy and Commerce be discharged from further consideration of the Senate bill (S. 707) to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

## S. 707

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act" or the "PREEMIE Act".

**SEC. 2. FINDINGS AND PURPOSE.**

(a) FINDINGS.—Congress makes the following findings:

(1) Premature birth is a serious and growing problem. The rate of preterm birth increased 27 percent between 1982 and 2002 (from 9.4 percent to 11.9 percent). In 2001, more than 480,000 babies were born prematurely in the United States.

(2) Preterm birth accounts for 24 percent of deaths in the first month of life.

(3) Premature infants are 14 times more likely to die in the first year of life.

(4) Premature babies who survive may suffer lifelong consequences, including cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss.

(5) Preterm and low birthweight birth is a significant financial burden in health care. The estimated charges for hospital stays for infants with any diagnosis of prematurity/low birthweight were \$15,500,000,000 in 2002. The average lifetime medical costs of a premature baby are conservatively estimated at \$500,000.

(6) The proportion of preterm infants born to African-American mothers (17.3 percent) was significantly higher compared to the rate of infants born to white mothers (10.6 percent). Prematurity or low birthweight is the leading cause of death for African-American infants.

(7) The cause of approximately half of all premature births is unknown.

(8) Women who smoke during pregnancy are twice as likely as nonsmokers to give birth to a low birthweight baby. Babies born to smokers weigh, on average, 200 grams less than nonsmokers' babies.

(9) To reduce the rates of preterm labor and delivery more research is needed on the underlying causes of preterm delivery, the development of treatments for prevention of preterm birth, and treatments improving outcomes for infants born preterm.

(b) PURPOSES.—It the purpose of this Act to—

(1) reduce rates of preterm labor and delivery;

(2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight; and

(3) reduce infant mortality and disabilities caused by prematurity.

#### **SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.**

(a) GENERAL EXPANSION OF NIH RESEARCH.—Part B of title IV of the Public

Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

#### **"SEC. 409J. EXPANSION AND COORDINATION OF RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND INFANT MORTALITY.**

"(a) IN GENERAL.—The Director of NIH shall expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research on the causes of preterm labor and delivery, infant mortality, and improving the care and treatment of preterm and low birthweight infants.

"(b) AUTHORIZATION OF RESEARCH NETWORKS.—There shall be established within the National Institutes of Health a Maternal-Fetal Medicine Units Network and a Neonatal Research Units Network. In complying with this subsection, the Director of NIH shall utilize existing networks.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2005 through 2009."

(b) GENERAL EXPANSION OF CDC RESEARCH.—Section 301 of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"(e) The Director of the Centers for Disease Control and Prevention shall expand, intensify, and coordinate the activities of the Centers for Disease Control and Prevention with respect to preterm labor and delivery and infant mortality."

(c) STUDY ON ASSISTED REPRODUCTION TECHNOLOGIES.—Section 1004(c) of the Children's Health Act of 2000 (Public Law 106-310) is amended—

(1) in paragraph (2), by striking "and" at the end;

(2) in paragraph (3), by striking the period and inserting "; and"; and

(3) by adding at the end the following:

"(4) consider the impact of assisted reproduction technologies on the mother's and children's health and development."

(d) STUDY ON RELATIONSHIP BETWEEN PREMATURITY AND BIRTH DEFECTS.—

(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention shall conduct a study on the relationship between prematurity, birth defects, and developmental disabilities.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Director of the Centers for Disease Control and Prevention shall submit to the appropriate committees of Congress a report concerning the results of the study conducted under paragraph (1).

(e) REVIEW OF PREGNANCY RISK ASSESSMENT MONITORING SURVEY.—The Director of the Centers for Disease Control and Prevention shall conduct a review of the Pregnancy Risk Assessment Monitoring Survey to ensure that the Survey includes information relative to medical care and intervention received, in order to track pregnancy outcomes and reduce instances of preterm birth.

(f) STUDY ON THE HEALTH AND ECONOMIC CONSEQUENCES OF PRETERM BIRTH.—

(1) IN GENERAL.—The Director of the National Institutes of Health in conjunction with the Director of the Centers for Disease Control and Prevention shall enter into a contract with the Institute of Medicine of the National Academy of Sciences for the conduct of a study to define and address the health and economic consequences of preterm birth. In conducting the study, the Institute of Medicine shall—

(A) review and assess the epidemiology of premature birth and low birthweight, and the associated maternal and child health effects in the United States, with attention

paid to categories of gestational age, plurality, maternal age, and racial or ethnic disparities;

(B) review and describe the spectrum of short and long-term disability and health-related quality of life associated with premature births and the impact on maternal health, health care and quality of life, family employment, caregiver issues, and other social and financial burdens;

(C) assess the direct and indirect costs associated with premature birth, including morbidity, disability, and mortality;

(D) identify gaps and provide recommendations for feasible systems of monitoring and assessing associated economic and quality of life burdens associated with prematurity;

(E) explore the implications of the burden of premature births for national health policy;

(F) identify community outreach models that are effective in decreasing prematurity rates in communities;

(G) consider options for addressing, as appropriate, the allocation of public funds to biomedical and behavioral research, the costs and benefits of preventive interventions, public health, and access to health care; and

(H) provide recommendations on best practices and interventions to prevent premature birth, as well as the most promising areas of research to further prevention efforts.

(2) **REPORT.**—Not later than 1 year after the date on which the contract is entered into under paragraph (1), the Institute of Medicine shall submit to the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, and the appropriate committees of Congress a report concerning the results of the study conducted under such paragraph.

(g) **EVALUATION OF NATIONAL CORE PERFORMANCE MEASURES.**—

(1) **IN GENERAL.**—The Administrator of the Health Resources and Services Administration shall conduct an assessment of the current national core performance measures and national core outcome measures utilized under the Maternal and Child Health Block Grant under title V of the Social Security Act (42 U.S.C. 701 et seq.) for purposes of expanding such measures to include some of the known risk factors of low birthweight and prematurity, including the percentage of infants born to pregnant women who smoked during pregnancy.

(2) **REPORT.**—Not later than 1 year after the date of enactment of this Act, the Administrator of the Health Resources and Services Administration shall submit to the appropriate committees of Congress a report concerning the results of the evaluation conducted under paragraph (1).

#### **SEC. 4. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.**

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

##### **“SEC. 3990. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.**

“(a) **IN GENERAL.**—The Secretary, directly or through the awarding of grants to public or private nonprofit entities, shall conduct a demonstration project to improve the provision of information on prematurity to health professionals and other health care providers and the public.

“(b) **ACTIVITIES.**—Activities to be carried out under the demonstration project under subsection (a) shall include the establishment of programs—

“(1) to provide information and education to health professionals, other health care providers, and the public concerning—

“(A) the signs of preterm labor, updated as new research results become available;

“(B) the screening for and the treating of infections;

“(C) counseling on optimal weight and good nutrition, including folic acid;

“(D) smoking cessation education and counseling; and

“(E) stress management; and

“(2) to improve the treatment and outcomes for babies born premature, including the use of evidence-based standards of care by health care professionals for pregnant women at risk of preterm labor or other serious complications and for infants born preterm and at a low birthweight.

“(c) **REQUIREMENT.**—Any program or activity funded under this section shall be evidence-based.

“(d) **NICU FAMILY SUPPORT PROGRAMS.**—The Secretary shall conduct, through the awarding of grants to public and nonprofit private entities, projects to respond to the emotional and informational needs of families during the stay of an infant in a neonatal intensive care unit, during the transition of the infant to the home, and in the event of a newborn death. Activities under such projects may include providing books and videos to families that provide information about the neonatal intensive care unit experience, and providing direct services that provide emotional support within the neonatal intensive care unit setting.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2005 through 2009.”.

#### **SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PREMATUREITY AND LOW BIRTHWEIGHT.**

(a) **PURPOSE.**—It is the purpose of this section to stimulate multidisciplinary research, scientific exchange, and collaboration among the agencies of the Department of Health and Human Services and to assist the Department in targeting efforts to achieve the greatest advances toward the goal of reducing prematurity and low birthweight.

(b) **ESTABLISHMENT.**—The Secretary of Health and Human Services shall establish an Interagency Coordinating Council on Prematurity and Low Birthweight (referred to in this section as the Council) to carry out the purpose of this section.

(c) **COMPOSITION.**—The Council shall be composed of members to be appointed by the Secretary, including representatives of—

(1) the agencies of the Department of Health and Human Services; and

(2) voluntary health care organizations, including grassroots advocacy organizations, providers of specialty obstetrical and pediatric care, and researcher organizations.

(d) **ACTIVITIES.**—The Council shall—

(1) annually report to the Secretary of Health and Human Services on current Departmental activities relating to prematurity and low birthweight;

(2) plan and hold a conference on prematurity and low birthweight under the sponsorship of the Surgeon General;

(3) establish a consensus research plan for the Department of Health and Human Services on prematurity and low birthweight;

(4) report to the Secretary of Health and Human Services and the appropriate committees of Congress on recommendations derived from the conference held under paragraph (2) and on the status of Departmental research activities concerning prematurity and low birthweight;

(5) carry out other activities determined appropriate by the Secretary of Health and Human Services; and

(6) oversee the coordination of the implementation of this Act.

#### **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

There are authorized to be appropriated to carry out this Act, such sums as may be nec-

essary for each of fiscal years 2005 through 2009.

The **SPEAKER**. Is there objection to the request of the gentleman from Texas?

There was no objection.

AMENDMENT OFFERED BY MR. BARTON OF TEXAS  
Mr. BARTON of Texas. Mr. Speaker, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. BARTON of Texas:

Strike out all after the enacting clause and insert the following:

#### **SECTION 1. SHORT TITLE.**

This Act may be cited as the “Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act” or the “PREEMIE Act”.

#### **SEC. 2. PURPOSE.**

It the purpose of this Act to—

(1) reduce rates of preterm labor and delivery;

(2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight; and

(3) reduce infant mortality and disabilities caused by prematurity.

#### **SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.**

(a) **GENERAL EXPANSION OF CDC RESEARCH.**—Section 301 of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

“(e) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall expand, intensify, and coordinate the activities of the Centers for Disease Control and Prevention with respect to preterm labor and delivery and infant mortality.”.

(b) **STUDIES ON RELATIONSHIP BETWEEN PREMATUREITY AND BIRTH DEFECTS.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, conduct ongoing epidemiological studies on the relationship between prematurity, birth defects, and developmental disabilities.

(2) **REPORT.**—Not later than 2 years after the date of enactment of this Act, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).

(c) **PREGNANCY RISK ASSESSMENT MONITORING SURVEY.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track pregnancy outcomes and prevent preterm birth.

(2) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out paragraph (1) \$3,000,000 for each of fiscal years 2007 through 2011.

(d) **EVALUATION OF EXISTING TOOLS AND MEASURES.**—The Secretary of Health and Human Services shall review existing tools

and measures to ensure that such tools and measures include information related to the known risk factors of low birth weight and preterm birth.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, except for subsection (c), \$5,000,000 for each of fiscal years 2007 through 2011.

**SEC. 4. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.**

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended—

(1) by redesignating the second section 3990 (relating to grants to foster public health responses to domestic violence, dating violence, sexual assault, and stalking) as section 399P; and

(2) by adding at the end the following:

**“SEC. 399Q. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.**

“(a) **IN GENERAL.**—The Secretary, directly or through the awarding of grants to public or private nonprofit entities, may conduct demonstration projects for the purpose of improving the provision of information on prematurity to health professionals and other health care providers and the public and improving the treatment and outcomes for babies born preterm.

“(b) **ACTIVITIES.**—Activities to be carried out under the demonstration project under subsection (a) may include the establishment of—

“(1) programs to test and evaluate various strategies to provide information and education to health professionals, other health care providers, and the public concerning—

“(A) the signs of preterm labor, updated as new research results become available;

“(B) the screening for and the treating of infections;

“(C) counseling on optimal weight and good nutrition, including folic acid;

“(D) smoking cessation education and counseling;

“(E) stress management; and

“(F) appropriate prenatal care;

“(2) programs to improve the treatment and outcomes for babies born premature, including the use of evidence-based standards of care by health care professionals for pregnant women at risk of preterm labor or other serious complications and for infants born preterm and at a low birthweight;

“(3) programs to respond to the informational needs of families during the stay of an infant in a neonatal intensive care unit, during the transition of the infant to the home, and in the event of a newborn death; and

“(4) such other programs as the Secretary determines appropriate to achieve the purpose specified in subsection (a).

“(c) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2007 through 2011.”

**SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PREMATURITY AND LOW BIRTHWEIGHT.**

(a) **PURPOSE.**—It is the purpose of this section to stimulate multidisciplinary research, scientific exchange, and collaboration among the agencies of the Department of Health and Human Services and to assist the Department in targeting efforts to achieve the greatest advances toward the goal of reducing prematurity and low birthweight.

(b) **ESTABLISHMENT.**—The Secretary of Health and Human Services shall establish an Interagency Coordinating Council on Prematurity and Low Birthweight (referred to in this section as the Council) to carry out the purpose of this section.

(c) **COMPOSITION.**—The Council shall be composed of members to be appointed by the Secretary, including representatives of the agencies of the Department of Health and Human Services.

(d) **ACTIVITIES.**—The Council shall—

(1) annually report to the Secretary of Health and Human Services and Congress on current Departmental activities relating to prematurity and low birthweight;

(2) carry out other activities determined appropriate by the Secretary of Health and Human Services; and

(3) oversee the coordination of the implementation of this Act.

**SEC. 6. SURGEON GENERAL'S CONFERENCE ON PRETERM BIRTH.**

(a) **CONVENING OF CONFERENCE.**—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Surgeon General of the Public Health Service, shall convene a conference on preterm birth.

(b) **PURPOSE OF CONFERENCE.**—The purpose of the conference convened under subsection (a) shall be to—

(1) increase awareness of preterm birth as a serious, common, and costly public health problem in the United States;

(2) review the findings and reports issued by the Interagency Coordinating Council, key stakeholders, and any other relevant entities; and

(3) establish an agenda for activities in both the public and private sectors that will speed the identification of, and treatments for, the causes of and risk factors for preterm labor and delivery.

(c) **REPORT.**—The Secretary of Health and Human Services shall submit to the Congress and make available to the public a report on the agenda established under subsection (b)(3), including recommendations for activities in the public and private sectors that will speed the identification of, and treatments for, the causes of and risk factors for preterm labor and delivery.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section (other than subsection (c)) \$125,000.

**SEC. 7. EFFECTIVE DATE OF CERTAIN HEAD START REGULATIONS.**

Section 1310.12(a) of title 45 of the Code of Federal Regulations (October 1, 2004) shall not be effective until June 30, 2007, or 60 days after the date of the enactment of a statute that authorizes appropriations for fiscal year 2007 to carry out the Head Start Act, whichever date is earlier.

Mr. BARTON of Texas (during the reading). Mr. Speaker, I ask unanimous consent that the amendment be considered as read and printed in the RECORD.

The SPEAKER. Is there objection to the request of the gentleman from Texas?

Mr. PALLONE. Reserving the right to object, I would just like to ask the chairman if the bill as amended now is the version that we have dated December 8 at 11:35 p.m.?

Mr. BARTON of Texas. That is exactly the bill that is at the desk. I have a copy here and I have read it and I can assure the Members that it is okay on both sides of the aisle.

Mr. PALLONE. Thank you, Mr. Chairman. We have no objection.

The SPEAKER pro tempore. Without objection, the amendment is agreed to. There was no objection.

The bill was ordered to be read a third time, was read the third time,

and passed, and a motion to reconsider was laid on the table.

**REAUTHORIZING SECURE RURAL SCHOOLS AND COMMUNITY SELF-DETERMINATION ACT OF 2000**

Mr. WALDEN of Oregon. Mr. Speaker, on behalf of the 4,400 rural schools who will lose funding and the counties and the forests of America, I ask unanimous consent that the Committees on Ways and Means, Agriculture and Resources be discharged from further consideration of the bill (H.R. 6423) to reauthorize the Secure Rural Schools and Community Self-Determination Act of 2000 and to offset the cost of payments to States and counties under such Act, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER. Is there objection to consideration of the bill?

Mr. HULSHOF. Mr. Speaker, I object.

The SPEAKER. Objection is heard.

**APPOINTMENT OF COMMITTEE OF TWO MEMBERS TO INFORM PRESIDENT THAT THE TWO HOUSES HAVE COMPLETED THEIR BUSINESS OF THE SESSION**

Mr. BOEHNER. Mr. Speaker, I offer a privileged resolution (H. Res. 1108) and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1108

*Resolved*, That a committee of two Members be appointed by the House to join a similar committee appointed by the Senate, to wait upon the President of the United States and inform him that the two Houses have completed their business of the session and are ready to adjourn, unless the President has some other communication to make to them.

The resolution was agreed to.

A motion to reconsider was laid on the table.

**APPOINTMENT OF MEMBERS TO COMMITTEE TO INFORM PRESIDENT THAT THE TWO HOUSES HAVE COMPLETED THEIR BUSINESS OF THE SESSION AND ARE READY TO ADJOURN**

The SPEAKER. Pursuant to House Resolution 1108, the Chair appoints the following Members of the House to the committee to notify the President:

The gentleman from Ohio (Mr. BOEHNER).

The gentlewoman from California (Ms. PELOSI).

**AUTHORIZING CHAIRMAN AND RANKING MINORITY MEMBER OF EACH STANDING COMMITTEE AND SUBCOMMITTEE TO EXTEND REMARKS IN RECORD**

Mr. BOEHNER. Mr. Speaker, I ask unanimous consent that the chairman